

1.) CORPORATION NAME:

DUE DATE: **10/31/2012****NATHAN ASSOCIATES INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1043217****CT CORPORATION SYSTEM****4701 COX RD STE 301****GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	50,000
COMB	50,000
PREFER	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2101 WILSON BLVD  
SUITE 1200

CITY/ST/ZIP: ARLINGTON, VA 22201

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SINGH LAKHBIR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
ADDRESS:	2101 WILSON BLVD		
	STE 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	JOHN C BEYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	2101 Wilson Blvd.		
	Suite 1200		
CITY/ST/ZIP/CO:	Arlington, VA 22201		
NAME:	MARVIN W MORRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2101 WILSON BLVD.		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	KATHERINE K CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2101 Wilson Blvd.		
	Suite 1200		
CITY/ST/ZIP/CO:	Arlington, VA 22201		
NAME:	James Wallar	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr, VP		
ADDRESS:	2101 Wilson Blvd.		
	Suite 1200		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Russell Mangum Sr, VP 2101 Wilson Blvd. Suite 1200 Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lisa Yarmoshuk VICE PRESIDENT 2101 Wilson Blvd. Suite 1200 Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul Moore VICE PRESIDENT 2101 Wilson Blvd. Suite 1200 Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Valerie Perlowitz DIRECTOR 2101 Wilson Blvd. Suite 1200 Arlington, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Burtner DIRECTOR 2101 Wilson Blvd. Suite 1200 Arlington, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph Gunn DIRECTOR 2101 Wilson Blvd. Suite 1200 Arlington, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tessie Martin DIRECTOR 2101 Wilson Blvd. Suite 1200 Arlington, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARVIN W MORRIS		MARVIN W MORRIS, CFO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			